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ORIGINAL DEPARTMENT.

LECTURE.

SOME MEDICAL PILGRIMAGES ABROAD.

AN INTRODUCTORY LECTURE TO THE SUMMER COURSE OF JEFFERSON MEDICAL COLLEGE, DELIVERED MARCH 30th, 1874.

BY DR. RALPH M. TOWNSEND.

Out of the old fieldes, as men saith,
Cometh all this new corn fro' year to year;
And out of old books, in good faith,
Cometh all this new science that men lere.
Chaucer.

GENTLEMEN:—It is my eminently agreeable duty this morning to bid you welcome to the ninth annual course of summer lectures of this school.

It has occurred to me that in no pleasanter and more profitable way could we pass our introductory time, than by the recital of some pilgrimages beyond the Atlantic, to the graves of our medical fathers. Their names will constantly be brought before you, either in connection with drug or ailment, anatomical part or surgical procedure, and it may be you will feel a kind of mental hunger to know more concerning them than can drop from the lecturer's lips in his otherwise busy hour. Moreover, the patient lessons of their lives, coupled with the good they wrought, constitute a precious legacy, which, having been faithfully held in trust for us, should, by us, be religiously guarded for our posterity.

We cannot visit all the shrines of these old medical pioneers, because the field is so vast

that our time would sooner end than our way. But we can look into an old cathedral here, and stroll through a grassy graveyard there, and as we read their names, and tread softly above their dust, both prove the vigor of our youth by our reverence for age, and improve our better nature by growing in closer companionship with such glorious professional ancestry.

St. Augustine's, the Court Church of Vienna, contains the tomb of Van Swieten, whose "Commentaries on the Aphorisms on the Diagnosis and Cure of Disease of Boerhaave," his illustrious master, is still a standard work. Van Swieten was born at Leyden, in 1700, where he afterward became professor of medicine. Driven from his native city by religious persecution, he found a refuge in the Austrian capital, where his abilities raised him to the rank of a baron, made him Superintendent of the Imperial Library, President of the Medical Faculty, and first physician to Austria's greatest Empress. He was contemporary with Albinus, Hoffman, Meckel, Gaubius, and Haller. The Church wherein he rests contains the ashes of long and imperial lines, and is rich in monumental work of master hands, like Zauner and Canova; and its walls are five centuries old, antedating the days of Harvey, Sydenham, Paré, and Vesalius.

By rail, ten hours' ride westward from Vienna, skirting the banks of the "blue Danube," and the base of the Tyrolean Alps, brings us to the beautiful Austrian town of Salzburg. In the "Platzl," near a bridge spanning a gray glacier stream, stands a line of tall and weather-beaten houses. High up on the front of one of them is an ancient painting of the head of a monkish

looking man, bearing this inscription, in Latin, underneath :—

Philippus Theophrastus Paracelsus,
who inhabited this house, and died here, 1541.

Entering a narrow court, around which the building is constructed, we perceive that the great bombastic's office must have been on the second floor, as the only apartment on the ground floor of these old houses was occupied by the *concierge*. There is no sign of the mansion's former celebrated inhabitant. A washerwoman plies her vocation at the office window, a canary bird's song usurps the sound of the patient's inquiry in the court, and the little room of the *concierge* is occupied by a bald-headed watch-maker. For aught we know, the time-piece of Paracelsus may be one of the row of old watches hanging in the dusty window, truer to its times and its mechanism than was its alarm-and-bell-sounding possessor. But it must not be ours to judge him. When the virtues of opium and mercury opened themselves to him (he was the first to introduce them into general use), he might, for the time, have thought that life's elixir had run into his hands. He died poor and neglected, in this Salzburg house; and, if his life witnessed him false to his profession and his age, the pangs of poverty doubtless united with those of conscience, and blotted out even the remembrance of the most brilliant of charlatany's successes. In the vestibule of the Church of St. Sebastian, at the end of the *Lintzer-strasse*, not far from where he lived, Paracelsus lies buried. His monument stands in a niche by the side of a latticed window. On its shaft is painted another of those monk-like faces, similar to the one we have seen upon his house, only this one shows the hands crossed upon the breast, as if confessing, or at prayer. A priest inside the church was saying mass, and the organ played soft and low, as I sketched his tomb; and many of those who went to and fro from the church, especially those of the poorer class, who might have been laboring under some sickness, knelt before the monument and said a short prayer. Such is the force of superstition, and the lasting power of the name he wrought, that many annually pilgrimage to this tomb, in order to avail themselves of the healing power that a prayer before it is supposed to evoke.

The inscription on the monument is in Latin, in three parts, and reads :—

"Here is the portrait and bones of Phillip Theophrastus Paracelsus, who obtained so great worldly

fame from chemical gold, and who shall lie here until he is again clothed in his own flesh." Job xix, 26."

[The Bible verse to which the latter part of this inscription bears reference, reads : "And though after my skin worms destroy this body, yet in my flesh shall I see God."]

Lower down upon the tablet a second inscription reads :—

"Taken from his tomb and placed here at the repairing of the church in 1752."

And finally, we have :—

"Here lies buried Phillip Theophrastus, a distinguished teacher of medicine, who cured by his wonderful art those terrible ills, lepra, gout, dropsy, and other incurable affections of the body, and gave his goods to be distributed to the poor. On the 24th day of September, of the year 1541, he exchanged life for death.

"Peace to the living; eternal rest to the dead."

And now we will away yet westward to Paris, and in its outlying cemeteries note where rest the remains of medical masters. The great surgeon and anatomist, Velpeau, whose "*Traité de l'Art des Accouchements*" was translated by the late Professor Meigs, of this college, lies buried at Montmartre, whither he was followed by distinguished men from all parts of the world. Orfila, the accomplished writer and lecturer on toxicology and legal medicine, and the principal founder of the *Musée Orfila*, in Paris; Boyer, consulting surgeon to the first Napoleon, Louis XVIII, Charles X, and Louis Philippe; and the distinguished surgeon, Lisfranc, all rest in *Mont Parnasse*.

In the most famous of all cemeteries, *Père la Chaise*, whose every winding walk is rich in the dust of illustrious men, lie Geoffrey-Saint-Hilaire, the celebrated zoologist and founder of scientific anatomy; Amussat, who devised torsion as a method of arrest in hemorrhage; Dupuytren, the great surgeon-chief of old *Hôtel-Dieu*; and Napoleon's illustrious military surgeon, Baron Larrey.

Dupuytren's monument stands, gray and massive, behind a row of trees

"Which a full age have felt the breeze,
And half that time, at least, have made
A long cathedral aisle of shade"

The base of the monument is surrounded by Doric facings, and capped by a commanding granite shaft. On the latter is cut, in clear, bold letters,

DUPUYTREN;

and below this, on the base, is a coat of arms, curious enough to delight the most ardent stu-

dent of heraldry, along with the respective dates, and places, of the surgeon's birth and death.

Larrey's monument consists of a pyramid, like Egypt's in miniature. It bears this inscription:

à

LARREY.

"L'homme le plus vertueux que j'aie connu."

NAPOLEON I.

Concession à perpétuité par la Ville de Paris.

To look at this monument is to see an icy, Polish river, on whose banks the remnant of a great army of invasion are huddled in disordered ranks. All that lies between the freezing, starving men and death, or worse, captivity, is a frail wooden bridge that, even now, is bending with incumbent weight. Suddenly the bullets of Cossack and Russian whiz through the mass, making it, with selfish vigor, press women and children under foot, and strive for the bridge. But while the panic is at its height, the frantic soldiery recognize a genial presence in their midst, who has followed them with *saving* hand in Tropic heat, Arctic cold, conflagration, and the roar of battle; a presence that they love so well that before, they refused to march without it in their hour of victory, and now they will not desert it, even in the pressing time of disastrous defeat. Until Larrey has been saved the suffering men cease all exertion for self. They pass him from man to man, and give him safe passage across the bridge. An instant after, it breaks, and hundreds, whom hunger and cold had spared, are carried into captivity or sink beneath the waters. What would you give for the warmth of grateful feeling that must fill that grand old surgeon as he plies his saving knife all that bitter cold night, on the snow, and under fire of the enemy's baffled cannon!

As we pass through Paris we see crowds lining the *boulevards*, gazing respectfully and silently upon a procession composed of glittering soldiery, dirge-playing bands, and some of the best intellects of Europe. Paris, charmed with his simpleness and worth, pays homage to the remains of one to whom surgery, while it wore him out, imparted its glory. Member of the French Academies of Medicine and Science, Grand Officer of the Legion of Honor and Senator, it seemed but yesterday that nations showered their congratulations upon him above whom now wave the funeral plumes, when his fertile genius had relieved the sufferings and saved the life of the hero of Caprera.

The procession that we see follows Nélaton to Pere la Chaise.

This city of Paris, that has done so much for science, is not forgetful of its illustrious dead. They are remembered in painting, dome, and sculptured grandeur. About its wonderful public charities we may see remembrances, in bronze and marble, of such eminent physicians as Dubois, Alibert, and Trousseau; and such great surgeons and anatomists as Paré, Bichat, Jobert, Cazenave, Velpeau, Civiale, and Dupuytren.

Twelve hours from the bright French Capital, by rail and boat, brings us to the mighty metropolis of Britain, where rest many illustrious medical men.

In the old church of St. Martin's-in-the-Fields (name redolent of birds and grass, but standing in the centre of London); a few of his oldest friends, in 1793, laid away the body of John Hunter, giving his dust companionship with that of Robert Boyle, the chemist; and Sir Theodore Mayerne, physician to Charles I and James I. From this church, in 1859, the remains of the great master of organic science were removed to beneath the north aisle of Westminster Abbey. There we read, after raising the dusty matting that covers it, this inscription, let, in letters of brass, into the pavement:

"The Royal College of Surgeons, of England, have placed this tablet over the grave of Hunter, to record their admiration of his genius as a gifted interpreter of the Divine power and wisdom at work in the laws of organic life, and their grateful veneration for his services to mankind as the founder of scientific surgery. Born 1728: died 1793."

In the dim light of the cathedral we look back a century and more, and see the Glasgow cabinet-maker ride horseback into London. We follow him at work in his brother's dissecting room, at Chelsea Hospital, under Cheselden, at St. Bartholomew's, under Pott, and as staff-surgeon in Bellisle and Portugal. We see him returning to London, scant of means, but full of scientific ardor, and, as a result of his labors, elected a fellow of the Royal Society, and surgeon to St. George's Hospital. And thus, as we trace him step by step through his long and brilliant career of work and thought, the refulgence of his later glory, like a burst of sunlight through the Abbey windows, grandly illuminating the richness of its interior, envelopes us.

"Hunter's researches covered the whole range of the animal kingdom, and were conducted with such untiring zeal, that he dissected upwards of five hundred different species, exclusive of dissections of different individuals, and of a large number of plants. The results were

carefully arranged and stored in that noble collection which he formed, of the magnitude of which we may gain some idea, that, at his death, it contained upwards of ten thousand preparations, illustrative of the phenomena of nature.* But this, although great, was not his greatest achievement. His profoundest labors were those of thought. Wrapped in the magnitude of his inner self, he evolved instruments, operations, and theories. He viewed pathology as though he had walked the wards of a mineral hospital, listened to the language of every drooping plant, and heard the wail of past complaint from every living thing. He announced, what even we in these days of high brain pressure can hardly grasp, "the magnificent theory that the science of pathology does not mean the laws of disease in man alone, or even in animals, or even in the whole organic kingdom; but it means the laws of disease and of malformation in the entire material world, organic and inorganic."

Buckle ranks Hunter, as a philosopher, with Adam Smith; and as a master of organic science, with Aristotle, Harvey, and Bichat.

In the same aisle with Hunter, a massive allegorical carving commemorates Hugh Chamberlain, a noted London *accoucheur*, who practiced in the latter part of the seventeenth century; and a bust and various emblematical devices do honor to Richard Mead, physician to George II, a voluminous medical writer, and the friend of Pope, Newton, and Boerhaave.

William Hunter rests in a vault of St. James' Church, Westminster. As Physician to the Queen, Surgeon-Accoucheur to the Middlesex and British Lying-in Hospitals, Professor of Anatomy in the Academy of Arts, and President of the Royal College of Physicians, he, like his brother, achieved enduring reputation. He was the first to describe varicose aneurism, and the *membrana decidua reflexa*; and his "Anatomy of the Human Gravid Uterus" was one of the most splendid medical works of the age in which he lived. At his death (1783) he bequeathed the magnificent museum he had collected to his Alma Mater, the University of Glasgow. The bequest included a sum of forty thousand dollars for the erection of a building for the reception of the collection. The museum to-day is valued at six hundred and fifty thousand dollars, and is yearly increasing in contents and value.

* Buckle's History of Civilization.

The "English Hippocrates," Sydenham, rests from his labors in the Church of St. James, Piccadilly: Arbuthnot and Akenside bear him silent company.

Arbuthnot was a Scotchman, who, like many of his countrymen, came to settle in London. He was Physician-in-Ordinary to Queen Anne, and a medical writer of ability. His chief productions, however, were of a combined satirical and political character. He was intimate with Pope, Swift, Gray, Prior, and Bolingbroke. Swift said of him, "He has more wit than we all have, and his humanity is equal to his wit." Akenside, the son of a butcher, became physician to a queen. About 1760, while Physician to St. Thomas' Hospital, he wrote, in elegant Latin, a treatise on "Dysentery," which, says Johnson, "entitled him to the same height of place among the scholars, as he possessed before among the wits."

John Armstrong, best remembered by his satirical "Essay for Abridging the Study of Physics," and a didactic poem on the "Art of Preserving Health," lies in St. Paul's, Covent Garden.

St. Paul's Cathedral, dear to every Englishman on account of its architectural grandeur, and as the place of sepulchre of Nelson and Wellington, contains, among other monuments, columns to Howard, the philanthropist, Dr. William Babington, and Sir Astley Cooper.

Howard's was the first monument erected in St. Paul's. He died at Cherson, on the Black Sea, in 1790, while searching out the cause of the plague, and "taking the gauge and dimensions of misery, depression, and contempt." Babington's tablet and statue bear date of 1833. He lectured on chemistry at Guy's Hospital, and was one of the founders and President of the Geological Society.

Sir Astley Cooper's grave is marked by a commanding statue of him. On its pedestal is inscribed:—

"SIR ASTLEY PASTON COOPER, BART.,

K.C.H., F.R.S., D.C.L.

"Member of the National Institute of France, Sergeant-Surgeon to their late Majesties, George IV, William IV, to her present Majesty, Queen Victoria, and for a period of forty-two years, Surgeon to Guy's Hospital.

"Born, 1768: died, 1842.

"Animated by a fervent attachment to the science and practice of his profession, it was the study of his life to augment and simplify the resources of surgery; and by a most assiduous, benevolent and successful application of his time and talents to this

noble department of the healing art, not his country alone, but the world, became indebted to his exertions and familiar with his fame. As a memorial of his excellence, and their admiration, his contemporaries and pupils have erected this monument to perpetuate his name and example."

A few miles north of London is the country church of Willesden, and there, last October, was laid away, in a vault in the churchyard, the remains of Sir Henry Holland. Beyond his immediate family, and ordinary spectators from the village, there was no attendance of visitors at the church. This seemed curious, especially after witnessing the funeral of Nélaton, who (such our impression) had avoided fashionable life with as much earnestness as Sir Henry had courted it. There also seemed to be some professional respect wanting in the absolute non-attendance of medical men. The published writings of the deceased baronet placed his professional and scientific knowledge beyond dispute. From the commencement of the century he had lived, an intelligent and omnipresent spectator, through seventy-two of the most exciting and eventful years of the world's history. He had seen the political and social aspect of most civilized nations in both hemispheres transformed three or four times over, including the fall of empires, monarchies and republics. He had crossed the Atlantic sixteen or seventeen times; traveled over more than twenty-six thousand miles of this continent; made four expeditions to the East, three tours in Russia, two in Iceland, several in Sweden, Norway, Spain, Portugal, Italy and Greece; voyages to the Canary Isles, the West Indies, Madeira, and, to use his own words, "other excursions which it would be useless to enumerate." He had associated, in every capital in Europe, with all that is, or was, most eminent for rank, birth, genius, wit, learning and accomplishment. He could call every leading statesman of this country, and its Presidents for the last half century, his friends; and in his professional capacity, besides a long list of royal and princely patients, he had the honor and responsibility of prescribing for six Prime Ministers of England, besides Chancellors of the Exchequer, Secretaries of State, Presidents of the Council, Chief Justices, and Lord Chancellors.

[To be Continued.]

—In Paris, thirty-seven streets, according to a Parisian coteremporary, are named after medical men.

COMMUNICATIONS.

ON PUERPERAL PERITONITIS AND ITS TREATMENT.

BY BEDFORD BROWN, M. D.,
Of Alexandria, Va.

The anatomical structure of the serous membranes of the chest and abdomen is identical, and yet the results of inflammatory action in the same tissues are exceedingly diverse.

In the former, life is not seriously endangered, while in the latter, it is in extreme jeopardy. Both peritoneal and pleural membranes enclose equally vital organs. But there is one cause for this difference of mortality in puerperal peritonitis, uterine phlebitis, and septicæmia, which has been so fully discussed as to require no comment here, while there is another still, not less important, and which is common to all peritoneal inflammations, whether traumatic or otherwise in character, which has not received so much consideration.

The great sympathetic, or organic system of nerves and ganglia, being spread out underneath the entire intestinal portion of the peritoneum, and, with the exception of the brain, being distributed to every vital organ in the body, is as distinct in its peculiar functions as the voluntary system itself. In every case of peritonitis, from whatever cause, this system of ganglia becomes involved in proportion to the extent of inflammation. When involved in acute inflammation to a serious extent, the tendency is to dangerous depression of its action and functions, and what in reality may be termed paralysis of the organs over which it presides. The marked tendency to depression, and ultimately to paralysis of the action of the heart, constitutes one of the earliest and most alarming features of peritoneal inflammation. This is not due to serous inflammation only, as no such result is observed in even extensive pleuritis, but to disease and disorganization of a great system of ganglia which presides over the action of the heart and the functions of circulation and secretion. Thus slight injury of this system will often paralyze the action of the heart as speedily as paralysis of a set of muscles will follow injury or disease of the brain. Sudden syncope and death from injuries of the abdominal organs are evidences of this fact.

Hence this condition should not be regarded in the light of an ordinary instance of asthenia.

Some of these cases of peritonitis are so sudden in development, and rapid in progress, that they could not be due to septicæmia or ordinary asthenic causes, the functions and action of the organic system being overwhelmed speedily in a hopeless state of paralysis. In a case witnessed many years since, in which a violent rigor followed in an hour after a somewhat tedious but natural labor, with excruciating pain and tenderness over the abdomen, peritonitis, and fever, and universal tympanites, all were developed within a space of six or eight hours. In twelve hours the pulse was so feeble and rapid that it could not be numbered. In twenty-four hours the surface was entirely cold, and death followed immediately. Probably in our investigations and treatment of puerperal and traumatic peritonitis, the important agency and influence exerted by disease of the sympathetic system on the fatality of the disease, as well as on its general progress, have not been duly estimated or considered.

In no other acute inflammatory affection does the rate of cardiac action rank so high from the beginning, or cardiac power so low, with the exception of meningitis, as in puerperal peritonitis. Thus not unfrequently, and indeed usually, the pulse rate will stand at 120 per minute immediately following the primary chill. In twenty-four or thirty-six hours it will often reach 140 or 150. At this rate the muscular power of the heart is reduced so low that the organ fails to throw the blood beyond the larger arteries. Capillary stasis is the inevitable result, and cardiac paralysis follows speedily. Thus the rate of frequency of cardiac action will rank, on an average, higher throughout the disease than in any other. In this state of affairs the contractions of the organ are so slight and feeble as to be scarcely audible to the ear when applied to the chest. Often in these cases the double sound is no longer heard, but in its place a single confused sound is detected, so feeble and rapid in succession that scarcely any intermission can be perceived. This condition, of course, indicates impending paralysis of the organ.

All other organs to which branches of the sympathetic system are distributed suffer equally in the paralyzing effects of the peritoneal inflammation. Suspension of the functions of digestion, paralysis of the muscular coats of the stomach and intestines, or tympanites, hepatic and renal torpidity, are all among the earliest and most persistent of its results.

Treatment.—In adopting a method of treatment for puerperal peritonitis there are three leading principles which should always guide our action: resolution of inflammation, support of the muscular power and force of the heart, and the prevention or correction of septicæmia when indicated.

Depletive antiphlogistics will not do, as they only hasten the tendency to cardiac depression and paralysis which we wish to avoid, without in reality materially facilitating resolution. The stimulant treatment alone merely endeavors to counteract effects without correcting the cause. Neither will the expectant method answer, as that merely tacitly permits both cause and effect to pursue their own course untouched. The idea that by any violent or active course of treatment we can *cure* inflammation, is justly an exploded one. All that we can do—and that is a great deal—is to place the different elementary parts of the system, as the circulatory, the nervous, secretory and nutritive, when in a state of disease, in a state as nearly approaching health as possible by the means at our disposal, that what is termed resolution, or, in other words, restoration, may occur.

Now, in the treatment of peritonitis we must adopt a line of conduct which will hasten resolution of inflammation as early as may be practicable, and at the same time sustain the muscular power of the heart, the force of circulation, and obviate the tendency to paralysis of the great organic system.

The agent which, as a single means, of all others, unites in an eminent degree the powers of resolving inflammation, and of sustaining the vital powers, is the preparation of quinia. It is a potent antiphlogistic in certain quantities, which does not rob the system of its vital fluid, does not depress the action of the heart, nor produce prostration of the nervous system, but probably acts upon fever and inflammation by restoring the blood to a healthy condition, and giving tone and strength to the impaired nervous energies.

That it is a potent and permanent promoter of resolution in acute inflammation, the evidences of daily practice, as witnessed in its action in pneumonitis, pleuritis, dysentery, tonsillitis, and in occasional cases of puerperal peritonitis, are such as to leave no room for doubt.

To insure successful results in peritonitis, the remedy should be used in large doses from the incipency of the attack. After disorganization

has commenced nothing can be accomplished by it. Among its earliest good effects is reduction of and equalization of abnormal temperature. Then the frequency of the heart's action diminishes and grows more steady and forcible; pain subsides, and a copious, but natural perspiration finally ends in restoration. In those more unhealthy forms of inflammatory action, as the erysipelatous, gangrenous, phlebitic, and ulcerative, in which septicæmia is supposed to exist, quinia, when largely introduced into the circulation, constitutes one of our most valuable antiseptics. I am constantly in the habit of using it freely as an antipyretic in inflammatory fever of the highest grade, and see no difference in effect from that in malarious affections.

The bromide of potash in large doses may be associated with the quinine and moderate quantities of morphia advantageously. In violent cases from twenty to thirty grains of the potash may be used every four hours, not only as an alternative, but as a valuable sedative over the nervous and circulatory systems. Furthermore, it counteracts in a measure any unpleasant effects which may arise from large doses of quinia on the nervous system.

In the more advanced stages, when the heart begins to lose force, digitalis given freely gives strength and tone to its action, and in this way diminishes its frequency.

The more active antiseptics are useful, but only in that class of cases arising from septicæmia and uterine phlebitis. As this class of cases arise from decomposing and septic material in the uterus, the use of these correctives is absolutely necessary. In some of these cases the uterine discharges are offensive in an intense degree. Carbolic acid used per vaginam, and externally in poultices, is not only an antiseptic, but probably is one of the most energetic antiseptics in our possession. In the more advanced stages, and in protracted cases, chloride of potash, iron and cinchona are valuable. Some years since one case recovered under their use soon after effusion into the peritoneum had occurred. In a certain proportion of serious cases, particularly where much tympanitis is present, frequent regurgitation of the contents of the stomach occurs, which are often of a peculiar character, presenting indications of fermentation. This is sometimes associated with nausea and vomiting. This yeasty looking matter is regurgitated frequently, and in considerable quantities, regardless of whether the patient

takes nourishment or not. It is a serious bar, not only to treatment, but interferes with digestion and nutrition to a degree sufficient to prevent recovery. In this condition, the digestive process is suspended, while the stomach and intestines are constantly pouring forth a vitiated secretion, which as rapidly undergoes fermentation, from which enormous quantities of gas is being disengaged, inflating the intestinal tube to gigantic proportions. In some of these cases, the terebinthinate preparations are useful. But in my own experience, the remedy which is the most efficient corrective of this state of the digestive organs is sulphurous acid, given in quantities varying from thirty to sixty drops, in infusion of columbo, every few hours. In not an inconsiderable experience in puerperal peritonitis, extending over a period of twenty years, I have tested the various standard methods of treatment, and can say truthfully, that the foregoing has been attended by far more favorable results than any other.

MEDICAL SOCIETIES.

MEDICAL LIBRARY AND JOURNAL ASSOCIATION, NEW YORK.

DR. JOHN C. PETERS, PRESIDENT.

March 13th, 1874.

On the Study of Dermatology.

Dr. G. H. Fox read a paper on the above subject, and detailed at length a description of Hebra's clinique for diseases of the skin at Vienna. The Doctor held the view that it was much more important to appreciate the pathological condition of the lesion than to be able to classify it under one of the many systems that have been proposed at different times. He also believed that the majority of text books on diseases of the skin serve rather to mystify than to instruct. Considerable discussion took place on the paper, and the view was advanced that not only diseases of the skin, but also syphilis, should be removed from the care of the specialist and placed under the charge of the general practitioner, and this mainly from the fact that the complications of both subjects can be better appreciated by one whose field of vision includes the whole organism.

Application of Hydrostatics to Therapeutics.

[Read before the State Medical Society, and repeated by request of members of the Association.]

Dr. W. M. Chamberlin read an abstract of the above paper, and said that the original paper had been prepared for a different assemblage, and might not be so applicable here.

The intention of the paper was to bring forward different means by which cold could be applied, when and where it was indicated, by means of rubber tubing. The calibre of the different tubing that would be applicable would be one, one-half, one-quarter, one-eighth and one-thirty-second of an inch.

Before passing on to the subject of the paper referring to the application of cold by means of the tubing, Dr. Chamberlin mentioned the different uses of the douche, and the mode of using it, which was in reality accomplished by making the end of the tube serve as a syphon, a weight being attached to the extremity, to keep it in the reservoir. The reservoir might be a vessel of any size, from a small pitcher to a tub or barrel, and the elevation of this would give a corresponding force in the current. He had used this current in place of the stomach pump, to wash out that organ in a case of poisoning, and illustrated the plan by means of an elastic bag. A pitcher of water was used as a reservoir, and when the stomach was sufficiently filled the pitcher was lowered, and in this manner, by reversing the current, all traces of the poison were washed out. This method was particularly advantageous when a stomach pump was not at hand.

Again, when it was desirable to keep a constant stream of hot or cold water on a sore, much satisfaction would be obtained in this way. In suppurative inflammation of the ear, or when foreign bodies were lodged in the external auditory canal, this continuous stream would prove of service.

Thuddichum's douche has been for a length of time in use in the treatment of diseases of the nasal cavities, and will continue so, regardless of occasional attacks of otitis media. In diseases of the bladder, where it is important to wash out the organ, this steady stream of warm or cold water is much preferable to even the cautious use of the syringe, being not so exhaustive on the attendant and more grateful to the patient.

There are a number of other uses which would suggest themselves, as in dilatation of the intestines, in cases of intussusception, and in one case of this kind Dr. Chamberlin had used it with success. If it were desired to have recourse to mediate transfusion, the elevation of the reservoir could be adjusted to meet the required pressure of the circulation.

Thermal and Refrigerant Treatment of Inflammation and Fever.

Without attempting to discuss the advantages of cold in the febrile and inflammatory states, Dr. Chamberlin merely demonstrated how the results could be arrived at by means of the tubing.

Tubular Cap.—This device may be readily extemporized by any one by means of tubing, a quarter of an inch calibre, and sufficient wire ribbon to mould it to the head. The ribbon referred to is that kind used in making bonnets. When it is applied it fits close to the head, like a skull cap. Through the tube there can be flow-

ing water of any temperature, and by its means a more thorough application of cold can be made, and at the same time the patient is not inconvenienced by moisture around the body.

Coil for the Eye.—This was made of parallel folds of tubing, one-eighth inch calibre, and secured in position by two folds of muslin. The coil was about four inches long by one and one-half inches in width, and is to be placed over the eye where indicated. Lint is to be placed next the eye, to be removed when the discharge from the eye requires it.

Coil for the Throat.—When warm or cold applications are indicated in any affection of the throat, the coil yields peculiar advantages. Dr. Chamberlin showed, through the kindness of the Librarian, how it was applied. The tubing was wound around the neck, and all the parts to which the heat or cold was not wanted to be applied were protected by means of a towel. In this way the effect could be closely controlled. Dr. C. said that in diseases of the tonsils he had very much satisfaction with it.

Bag for Chest.—When it is desirable to use water in this manner for the chest, experience proves that if an ordinary bag is employed (cases where local application is required are referred to) the water gravitates to one end; for this reason a bag having the appearance of a gridiron is required.

Coil Around the Joints.—Dr. C. said that one of the most satisfactory of any of the uses to which the tubing could be applied was around an inflamed joint, and instanced a case where a stream of water at about 60° Fahr. produced as decided a result as could be wished for.

The tubing adapts itself to the inequalities, and may take the place of a bandage, by means of its pressure, if required. The abstraction of heat which occurs is astonishing.

Coil for Spinal Column.—Chapman's bags may be superseded by means of three or four folds of tubing thick enough to bear the pressure of the body. These folds pass up and down the back with the vertebrae. It has been found, in Long Island, where there is a great deal of tetanus, that cold to the spine produced better results than anything else tried, and by means of the rubber tube it could be put into use at any time.

Water Bed.—Professor Liebermeister has reduced his mortality in typhoid fever from twenty-six per cent. to seven per cent., by means of cold, and some other observers have succeeded even beyond this. There is, however, one unpleasant difficulty, and that is the wet pack, which is the most common of the methods.

Dr. Chamberlin suggested, as a method to remedy this, the water bed; by means of this bed the water could be kept at any temperature, and the refrigerant effect on the patient could be readily managed. There is another benefit, and that is, that the friends of the patient are not horrified by the wet pack.

Dr. Pooley said he was much interested in the paper which had just been read, but did not think that the douche would be as serviceable

as the syringe in removing foreign bodies from the ear. Its force could not be so easily regulated. It would be very good in cleansing the ear, and also in acute inflammations of the ear. The method of applying cold to the eye was not so beneficial as the cold compresses, in cleansing the eye, and he did not think the tubes would be sufficiently flexible to adapt themselves to the inequalities of the surface of the eyes.

Dr. Henry suggested that in New York, where hot and cold water were in the rooms, the tubes might be connected with the croton, and the water pass down the sink.

Dr. Chamberlin said that the paper was written for the profession where the majority did not have these advantages.

Dr. — suggested that by making a connection with the hot and cold water, any temperature within reason could be obtained by regulating the flow through each faucet.

Dr. Chamberlin said Dr. Otis had showed him a bag for applying cold to the penis, but he was of the opinion that it did not serve as good a purpose as an ordinary coil. The coil would have the advantage of adapting itself better.

NEW YORK ACADEMY OF MEDICINE.

DR. AUSTIN FLINT, PRESIDENT.

March 20th, 1874.

Clinical Analysis of the Urine of Diabetic Patients.

Prof. Chandler read a paper on the above subject. He said that he did not propose to touch on the clinical history of the disease, but merely to refer to the analysis of the urine. Diabetes was first detected in the time of Charles the Second, but it was not till 1835 or 1836 that sugar was detected in the blood. Before going on to the analysis, Prof. Chandler explained the different groups of sugars, and explained the difference between hydro-carbons and carbo-hydrates. This naturally led him to refer to the group of alcohols, and the way in which different elements can be replaced by substitution.

He referred also to the aldehydes and the acids, and pointed out that the glucose of diabetes was the aldehyde of the hexatomic alcohol.

The glucoses are not as simple as they were supposed to be years ago, and now we have eight different kinds, of which dextro-glucose and levo-glucose are the principal ones; maltose and quosite are in this group.

The names dextro- and levo-glucose have been given to them on account of their action with polarized light, one rotating the ray to the right and the other to the left. In the vegetable world both occur together, and form the most important part of fruit sugar, but in the animal kingdom we get dextro-glucose alone. The urine cannot be tested by specific gravity alone, as we may have sugar and find it vary from 1020 to 1040. Urine may be tested by boiling with an alkali, as in Moore's test, or by subjecting it to the oxide of copper, when it reduces it to a suboxide if it contains sugar; this is the

basis of Trommer's and Fehling's tests. When saccharine urine also is boiled with subnitrate of biemuth, and a solution of potassa, it becomes black, from the reduction of the subnitrate.

Prof. Chandler demonstrated a method for ascertaining the amount of sugar in a specimen of urine. It consisted in boiling the prepared solution of copper, and adding a sufficient amount of urine from a burette to precipitate all the copper, then by reading off the amount of urine required, the percentage of sugar is ascertained.

Prof. John C. Dalton said he had often been impressed with the fact referred to by Dr. Chandler, that Trommer's test, though it reacts with diabetic urine, does not comport itself the same with glucose itself.

Fehling's test will detect one two-thousandth of a grain of glucose, but undergoes a change when exposed to the air and light, although this change may not be detected by the eye; it is judicious, before using it, when it has stood some time, to first test it and see if it will react.

Dr. Dalton found that when put into ounce bottles and corked tight, it will last much longer than in a large bottle.

Prof. Chandler said Fehling's solution may be easily extemporized by adding Rochelle salts and caustic potassa to a solution of sulphate of copper.

Dr. Detmold said that he had a specimen of diabetic urine from which he crystallized out some sugar, but did not get satisfaction with the tests.

Dr. Fowler preferred Trommer's test. He had been experimenting on himself and others, and found that fifteen or twenty minutes after eating sugar signs of it could be detected in the urine.

The president said that if any members of the Academy wished to attend the National Medical Association, they would be kind enough to send in their names shortly, so as to be placed on the list of delegates.

NEW YORK COUNTY MEDICAL SOCIETY.

STATED MEETING, MARCH 23D.

How We Hear.

Dr. A. H. Buck read an elaborate paper on the above subject, and explained the minute anatomy of the ear by means of enlarged diagrams. After describing the action of the bones of the ear, he proceeded to a description of the vestibule, cochlea, and semi-circular canals. In the vestibule there are two sacs containing fluid, one extending into the semi-circular canals, the other into the cochlea. The cochlea, uncoiled, would present itself as a tube slightly funnel-shaped, and in this tube there is a bony septum that does not extend completely across, but the insufficiency is made complete by means of a membrane known as the basilar membrane. Resting on this membrane are cells, and above them rods, about four thousand in number, and extending along the length of the cochlea trans-

versely, side by side. These rods are attached to each other by means of a fluid only slightly tenacious. They have been compared to a piano-forte, very properly, and determine the quality of the tone. The auditory nerve enters the bony septum by means of numerous perforations, and is distributed all along the membrane to the rods. It appears at first unaccountable how the ear can detect at the same time waves of different intensity, but Dr. Buck said it might be explained by comparing the waves of sound to the waves of the ocean, where one of the larger waves might have on its surface a variety of smaller waves. Prof. Meyer had proved by direct experiment, in a way referred to by Dr. Buck, that through one point at the same time might be passed waves of different intensities.

Dr. John C. Dalton said that the society was under many obligations for his original paper. Dr. Buck's reference to the piano proves that there is no mechanical contrivance which has not been anticipated in some form of organized life. We have pulleys and pistons in some of the sea animals, etc.

Dr. H. Knapp complimented Dr. Buck very highly on his original observations, and regretted that he was so modest as not to take more credit than he had done to himself, for he had gone a step further than any one else in his observations.

The President of the society notified the members that the assessment imposed on each, for the publication of the *Transactions* of the State Medical Society, was one dollar and fifty cents.

The society then adjourned.

NEW YORK PATHOLOGICAL SOCIETY.

STATED MEETING, MARCH 25TH, 1874.—DR. HERMAN KNAPP, PRESIDENT.

Fibro-Cystic Tumor of the Uterus.

Dr. — presented the uterus, with fibro-cyst, from a patient who had recently died. During the last ten years it had been growing, but no operation had been attempted till thirty-six hours before her death, when the tumor was tapped and four gallons and a half were taken away.

When the mass was closely examined the

uterus was found to have no distinct boundaries separating it from the tumor, and careful dissection did but little to make the appearance more satisfactory.

Cancer of Breast.

Dr. Briddon presented a specimen of cancer of breast which occurred in a patient aged thirty-three years. The tumor was very mobile, and there was no cachexia. Five or six weeks ago it began to ulcerate.

Excision of Elbow.

Dr. Buddon presented a patient to the Society upon whom the operation of excision of the elbow joint had been performed thirteen months ago. He also passed around a preparation, consisting of the parts of bone removed, and two photographs of the result of the operation.

The boy was thirteen or fourteen years old, and showed a shortening of two inches. The result was exceedingly good, allowing of pronation, supination, flexion and extension.

Twelve days after the boy had been operated on passive motion was enforced. The excision was of the ordinary kind, not sub-periosteal, and was done for an injury to the joint. If too little bone is removed there is likely to be bony ankylosis, and if too much is taken away you fail to get the perfection of the joint. An objection to sub-periosteal excisions is the redundancy of bone which is liable to result.

Passage of Pin by Rectum.

Dr. Caro presented a pin which had been swallowed by a child. The pin was about two inches long, and had on it a head about the size of a pea. Dr. Caro administered a little laudanum to keep the patient quiet, and in two days it passed the anus.

Dr. J. C. Peters said that he had a similar case some years ago, and gave the patient mush; in four days it passed the pin by the rectum.

Periostitis.

Dr. Blake presented several specimens of bone showing periostitis. One of them was a dissecting room specimen. He was of opinion that the most common cause of periostitis was exposure to cold, which stopped the sweating in the limb. He cited different cases of this occurrence which resulted in periostitis.

EDITORIAL DEPARTMENT.

PERISCOPE.

Graphic Representations of the Movements of the Chest-wall in Respiration.

Dr. Arthur Ransome, of Manchester, writes to the *British Medical Journal*, describing an instrument used for this purpose, and capable of giving valuable diagnostic aid. He says:—

A stethograph has been constructed which gives an accurate tracing of the course described by any point on the chest-wall, in the forward and upward directions, *i.e.*, in the vertical plane at right angles to the surface of the chest. With this instrument, many tracings have been made, both in health and disease. The following, chiefly from the anterior ends of the third ribs, are selected as specimens of the results obtained,

and to illustrate the conclusions drawn from them. It has been observed:—

1. That the anterior end of the rib takes a different course in its ascent from that in its expiratory descent (Figs. 1 and 2).



2. That in most cases the uppermost line is that of inspiration.

3. That this course is liable to variation in consequence of the action of the will (Figs. 3 and 4).

4. That in the action of coughing, after the inspiratory stroke, there is a slight forward bulging of the rib, perhaps from the compression of the air in the lungs by the action of the diaphragm, then a downward fall for a space of about 0.2 inch, and afterwards an almost horizontal in-drawing of the rib (Fig. 6), quite unlike anything that could be produced by the simple angular movement of the rib.

5. That in *sneezing*, the course of the rib is similar to that taken in the act of coughing, except that there is no forward bulging at the commencement of expiration (Fig. 7); and in the latter part of its course the rib only drops about 0.15 inch for 0.8 inch of in-drawing.

6. That in the dead subject, the movement of the end of the ribs, when simply raised and depressed (Fig. 5), approximates to a segment of a circle.

7. That as age advances, there is an approach



to the form of curve traced by the unyielding rib, and the upward and downward strokes are more nearly alike.



From the above facts, it follows that the hori-

zontal in-drawing of the rib, in the spasmodic actions of coughing and sneezing, is impossible without an inbending of the rib itself, and that the variations in healthy breathing are chiefly to be ascribed to the influence of the muscles of forced expiration, which produce more or less bending of the rib during their action.

In disease, a comparative feebleness of the respiratory track is to be noticed; and the want of elasticity of the chest is evidenced by the tendency to similarity in the upward and downward course of the ribs.

In acute phthisis there is a degree of tremulousness in the tracings, and in pleurisy is seen the effect of adhesions in the very small extent of forward push on the affected side.

The tracing of the cough of phthisis is, however, similar in its form to that of the healthy chest (Fig. 5), though much smaller and more feeble.

The Arrest of Hemorrhage by Flexion.

At a meeting of the Berlin Medical Society, January 9, quoted in the *Medical Times and Gazette*, London, Dr. Aldemann read a paper on "Protracted Flexion as a Means of Arresting Arterial Hemorrhage." He stated that after the account of the success obtained in England and Ireland in the treatment of aneurism of the limbs by flexion, he had taken great pains in ascertaining how far advantage would result in the employment of the same means in the treatment of bleeding from wounded arteries. The results of his investigations made in the Dorpat Surgical Clinic were published in *Langenbeck's Archiv*, in 1869. Up to the present time he has cognizance of nineteen cases so treated, eleven being cases of his own, and the others occurring in the practice of other surgeons, most of them his own former pupils. In one of these no result was obtained, as the patient could not support the flexion, but in all the rest recovery took place. The wounds implicated the ulnar, the radial, the interosseous arteries, the palmar arch, the dorsalis pedis, the plantar, and the tibialis postica. The duration of the flexion varied much in different cases; this being continued in one case to the eighteenth day without the patient suffering any considerable uneasiness. It is useful, when readjusting the apparatus, to change the angle by one or two degrees. The case reported by Von Burow, of gangrene of the hand following this procedure, says nothing against it, inasmuch that direct pressure was also employed. In none of Dr. Ademann's cases has he met with even a trace of any such occurrence. In answer to a question whether this long-continued flexion did not cause inconvenience by reason of the venous stasis it gave rise to, Dr. Ademann replied that frequently there were all the signs of an obstructed circulation, but according to his experience, after about twenty-four hours the compensatory circulation became established. To another question as to the duration of the flexion, he replied that we must, in determining this, proceed

very cautiously, and not discontinue flexion until granulations have formed; yet he has been able to discontinue it after the third day without any hemorrhage occurring. He also observed that as physiology has not determined what are the changes which take place in the circulation in consequence of this angularization of the vessels, forced flexion can only at present be employed as an empirical remedy. He hopes that before long experimental investigations will be undertaken on animals, in order that we may be able to establish the practice of flexion in man upon a scientific basis.

Hysterical Heart Symptoms.

The *Journal de Medecine*, February, 1874, has an interesting article on hysterical cardiodynia, which is translated in the *Medical Press and Circular*:—

In practice these phenomena are ill understood, and still it is indispensable to know them well, for it is not rare to see patients considered to be suffering from heart-disease, and undergoing unseasonable treatment, while all that was needed was the ordinary treatment for hysterical symptoms.

Physicians are called in by patients who think they have heart disease because they have violent palpitations and pain in the heart. A woman, aged 40, still menstruating, came to consult M. Peter, saying she suffered from heart disease, but it was impossible to discover any physical sign of it. Under the influence of emotions she experienced very painful and violent palpitations; at night, when in bed and going to sleep, it seemed to her that her heart stopped and she was going to die. These attacks were accompanied by paleness and coldness of the extremities. It was in some sort an attack of angina pectoris, without the pain radiating down the arm.

An examination having shown that in this case no material lesion existed, M. Peter concluded that the cardiac disturbance was hysterical.

Among patients of the same class some suffer most at the base of the heart, others in its totality, but they refer the greatest intensity of pain to the point of this viscus. Those latter feel their heart augmented in volume and heavy, they feel its contractions painful; it is the muscle of the heart itself that suffers.

Pressure on the thorax in front is painful, but it is not so with any median or posterior point of the thorax, which distinguishes this pain from intercostal neuralgia. If pain is provoked by pressure in the second intercostal space and a little in the third, it is cardiac pain. The simplest remedies succeeded with those terrible attacks of the preceding case. A very hot stupe or a little ether with a small quantity of laurel water added to it sufficed to bring about calm, followed by sleep.

Another woman, aged 28, suffering from her stomach, gastralgia, distention of the stomach after meals, feels her heart bigger than it ought

to be, and experiences painful palpitations. She suffers from pressure upon the epigastric region and in the intercostal spaces.

This distention of the stomach is evidently due to paralysis of its muscular coat, allowing it to be dilated with air. This woman has had hoarseness without cough, coming on suddenly. This state lasted seven or eight days. The same thing then happened to the vocal cords that had happened to the stomach and the heart. This subject had never had pronounced attacks of hysteria, but she had had the globus hystericus.

These cardiac troubles accord well with the theoretical explanation, since the heart is innervated by the great sympathetic and the pneumogastric nerves, which latter serve to regulate it. Admitting derangements in the functions of the latter, one can conceive the disturbance of the cardiac movements, those profound and alarming modifications of the functions of the heart.

On the Treatment of Rickety Deformities of the Legs by Operation.

Mr. Howard Marsh, F.R.C.S., Assistant Surgeon to St. Bartholomew's Hospital and to the Hospital for Sick Children, gives, in the *British Medical Journal*, an account of four cases of rickety deformity of the legs which he had treated by operation. In two of them the curvature was outward, in one outward and forward, and in one almost directly forward.

In the first three cases a tendon knife was passed down to the tibia, where the concavity of the curve was greatest, and the periosteum was divided transversely. A fine saw was next introduced, and the bone partially divided, and then, by a somewhat suddenly-applied force, snapped across; the fibula was either bent or broken, and in one of the operations the tendo-Achillis was cut.

In the two cases in which the curvature was outward the legs are now straight; in the boy whose curvature was outward and forward, and in whom the treatment was interrupted by an attack of scarlet fever, the deformity, although much diminished, is not wholly removed. In none of the patients was the operation followed by any serious symptom, and, except in the boy who had scarlet fever, convalescence was complete in about a month. In him it was complete in about six weeks.

In the fourth case, in which the bones of the legs were curved almost directly forward, and in which the deformity was so extreme that the boy could only walk a few steps at a time, a wedge of bone was taken out of the tibia with a chain saw, the tendo-Achillis was cut, and the fibula broken in one leg and cut with bone forceps in the other. These operations, which were performed, the one on April 8th, the other on October 4th, 1873, were not followed by any dangerous symptoms, but small discs of bone became necrosed and were slowly separated from the cut ends of the tibia. Union was firm

in one leg in three months; in the other, in which it was much delayed by the tedious separation of the necrosed portions of bone, in six months. The legs are now straight, and the boy walks without impediment.

The Treatment of Syphilis.

The following very practical and sensible remarks of Dr. J. Hutchinson, of London, in the *British Medical Journal*, merit careful reading.

"The antidotal power of mercury in syphilis is in no degree of relationship to its full physiological influence; and the best cures are often those made most quietly. Now, these principles being kept in view, I do not know that there is much to be added as to detail. Begin early; continue long; do not salivate; such would be my rules. I have no strong preference for one kind of mercurial preparation over another; but, as it is convenient to become familiar with one, I have in my own practice, of late years, almost restricted myself to grey powder. I prescribe it usually in pill, in doses of from one to three grains three times a day, and often in combination with Dover's powder. It is only seldom that an unlooked-for salivation occurs, and it is equally rare to have any trouble with the bowels. Most of my patients continue throughout at their ordinary occupations. A strong reason for preferring to give pills, instead of using inunction or the bath, is, that it is often essential to avoid confinement to the house, and also to run no risk of attracting the attention of the family. Inunction, which is still in general use over the continent, and is without rival at Aix-la-Chapelle, is a more or less dirty method; can scarcely be concealed from servants; and further, with our English ointment, is very prone to irritate the skin and bring out eczema. As I do not believe that it has any real advantages to compensate for these drawbacks, I never resort to it. The vapor-bath, as proposed by Langston Parker and modified by Mr. Lee, I have the fullest faith in, and have seen excellent results from it in certain intractable cases. It is, however, troublesome, more or less expensive, cannot well be used secretly, and, for all ordinary purposes, it is not in the least necessary. The grey powder does all that could possibly be wished. I must add to this, that I am always particular to use mercury sedulously to the local manifestations of the disease. The chancre is to be soaked with black wash; and to the skin-eruption an ointment of the ammonio-chloride is almost always applied. If the throat become sore, a gargle of black wash or of the bichloride is usually prescribed.

"With regard to the dose, it ought to be sufficient to produce decided effect on the disease. If it be given for an indurated chancre, the hardness ought to begin to diminish within a week. The quantity required in order to effect this will be found, as every one knows, to vary very much in different individuals. A few patients will be met with who appear to resist mercury in a

most extraordinary manner, in whom it neither destroys the syphilis nor affects the constitution. As a rough rule, I always expect to have to give more mercury to dark complexioned patients than to others.

"The correspondent asks 'if some preparations are more adapted to certain stages of the disease, say primary or secondary.' In reply, I do not know of any special adaptation of this kind, but find the one I have mentioned the most convenient in all. The bichloride, which at one time I used to give largely in the later forms of secondary disease, I now rarely prescribe, having become more and more convinced that it is the mercury which is wanted, and not any special preparation of it; and that what is to be aimed at is mainly to choose that form least likely to irritate."

Amyl Nitrite and its Uses.

The following views of a German writer, Dr. Robert Pick, are given in the *Practitioner*:—

1. Amyl nitrite produces a general torpidity of the whole muscular system, but it especially affects the organic muscular fibres. 2. The latter effect is especially to be recognized in the muscular fibres in the blood-vessels. A few drops of the amyl suffice to produce a rapid and inevitable dilatation of the vessels, more particularly of the upper parts of the body, with a simultaneous lowering of arterial pressure and hurrying of the heart's action. 3. This influence probably depends on a direct action upon the unstripped muscular fibres in the vessels. 4. In consequence of this action of amyl nitrite, it becomes a valuable remedy at once for all those diseases which depend on a spasmodic or excessive contraction of the vessels; and also, perhaps, which are produced by spasm of other muscular tissues, whether smooth or striped; especially also for many cases of hemicrania, angina pectoris, epilepsy, eclampsia, asthma, trismus and tetanus, and the like, in which it is, however, to be remarked that in many cases amyl only acts as a palliative.

The best mode of use is inhalation. A few drops are poured on a towel, or, as others recommend, on blotting paper or wool, and placed over the nose and mouth. There are other modes of application besides inhalation: use by the stomach, and by subcutaneous injection; but the latter would seem from some observations to be less effective than inhalation, which is therefore to be preferred. Moreover, in this way we avoid upsetting the digestion. If given by the stomach, two to five drops must be administered on sugar. In inhalation we commence with one or two drops, and gradually increase to five, ten, or fifteen drops for a dose. The latter quantity is necessary after prolonged use, as in all probability amyl, like the narcotics, very easily sets up a habit of tolerance. The necessity, in epilepsy, *c. g.*, of having the remedy close at hand, yet without allowing a great quantity to be thrown upon the respiratory organs, gives to the following procedure, employed

by Dr. Strassburg, a practical recommendation:—

"Dry charpie is placed in a glass, and the proper dose is dropped upon it; the vessel is then closed by a stopper made absolutely airtight by means of paraffin. The patient, when he feels any warnings of an attack, can rapidly open the glass and inhale the measured quantity without danger. It is, of course, to be understood that in that way of using it the remedy must be often renewed, owing to its great volatility and liability to decomposition."

REVIEWS AND BOOK NOTICES.

BOOK NOTICES.

Pretty Mrs. Gaston, and Other Stories. By JOHN ESTEN COOKE. Illustrated. New York, Orange Judd & Co. For sale by J. B. Lippincott. Price \$1.25.

A rather pretty story of American life, with a heroine who engages herself in the most liberal manner.

No Sex in Education; or an Equal Chance for both Boys and Girls. By Mrs. E. B. DUFFEY. Philadelphia, J. M. Stoddard & Co. Price \$1.25.

One of the many replies to Dr. CLARKE'S "Sex in Education." It is prettily printed on tinted paper, and will be read with pleasure by those interested in this discussion.

Annual Report of the Supervising Surgeon of the Marine Hospital Service of the United States (JOHN M. WOODWORTH, M. D.). For the Fiscal year, 1873. Washington, 1874. pp. 155.

The United States Marine Hospital Service was organized by Act of Congress, as far back as 1798, for the purpose of furnishing temporary relief to sick and disabled seamen. A small tax is levied on each seaman to sustain the hospitals and furnish the medicines requisite. The volume of *Regulations*, published last year, may be said to have first placed the department on a proper footing, with regard to the economical distribution of the funds, and an efficient administration of the plans of relief. The credit for this is due to Dr. JOHN M. WOODWORTH, the Supervising Surgeon, more than to any other person, and the contents of the volume above mentioned bear strong testimony, not only to the enlightened interest he has taken in his off-

cial duties, but also to the energy of the subordinate officers of the service.

In the Appendix to the volume are embraced many suggestive papers, one by Dr. WOODWORTH, on Hospital Construction; by Dr. J. M. TONER, on Yellow Fever in the United States; a series of Reports on the same disease in the United States in 1873; on Urethral Strictures, by Dr. ELLINWOOD; a case of Double Diaphragmatic Hernia, by Dr. THOS. T. MINOR; the Condition of the Sailor at the port of New York, by Dr. HEBER SMITH; and an article on the River Boatmen of the Lower Mississippi, by Dr. ORASMUS SMITH.

Dictionary of Elevations, and Climatic Register of the United States; containing, in Addition to Elevations, the Latitude, Mean Annual Temperature, and the Total Annual Rain Fall of Many Localities; with a Brief Introduction on the Orographic and other Physical Peculiarities of North America. By J. M. TONER, M. D. New York, D. Van Nostrand, 23 Murray street, 1874. 1 vol., 8vo, pp. 93. Price, paper \$3.00, cloth \$3.75.

The value of this contribution to medical physical geography is very great, and it deserves a close study by all who would familiarize themselves with the surface features of our land, and the bearing these have upon the health and longevity of the inhabitants.

The introduction rehearses a series of facts illustrating the intimate relationship which the hypsometric disposition of a region bears to the social, hygienic, and religious development of its inhabitants. This theme is a seductive one, and the tendency nowadays is to attach too much influence to the physical surroundings of men, too little to their native intellectual power. It cannot be said, however, that Dr. TONER has fallen into this error, so conspicuously exemplified in the works of Dr. DRAPER.

This introduction contains a number of useful tables, one giving the mean altitude of each State and territory; another showing the percentage of deaths from consumption in each; another exhibiting the average elevation of the principal cities of our country, etc.

In the dictionary the names of a large number of cities, towns, stations, etc., are arranged alphabetically, and to each is added its elevation, latitude and longitude, temperature and rain fall, derived from government and corporation surveys.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, APRIL 11, 1874.

D. G. BRINTON, M. D., Editor.

Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editor disclaim all responsibility for statements made over the names of correspondents.

NOTICE TO SUBSCRIBERS.

The MEDICAL AND SURGICAL REPORTER, the HALF-YEARLY COMPENDIUM, the PHYSICIAN'S POCKET RECORD, and the other publications of this office, will continue to appear punctually and without interruption, as heretofore. Dr. D. G. BRINTON, who has had entire charge of both the business and editorial management of the office since more than a year previous to the death of Dr. S. W. BUTLER, will retain his relations to these publications, and increased efforts will be made to maintain their high character and general popularity.

Drafts, checks, etc., should henceforth be drawn to the order of D. G. BRINTON, as business manager.

Letters, whether on business or literary matters, should be addressed

THE MEDICAL AND SURGICAL REPORTER,
115 South Seventh Street,
Philadelphia.

THE PROPOSED STATE BOARD OF HEALTH.

It is high time that this and every other State which has as yet no Board of Health should pass the necessary enactments to create one. The propriety of such a step has been recognized by Massachusetts, New York, Virginia, California, Minnesota, and Michigan, and the Boards, especially of Massachusetts and Michigan, have done model work, which has had excellent results in and beyond this Commonwealth.

There is at present a bill to form such a Board in this State under consideration by the Legislature at Harrisburg. This bill is founded upon the experience of other States; it provides for the appointment of five physicians to be Sanitary Commissioners, who, together with the Attorney General and the Secretary of Internal Affairs, shall constitute a State Board of Health; the only paid officer is to be a secretary, who is also to be a physician; the existing Boards of Health throughout the State are to report, and all public institutions shall give full information relative to health and life, while the State Board shall advise in regard to sanitary drainage and the location, drainage, ventilation and sanitary provisions of public buildings; State and local Boards are to cooperate to prevent disease by securing practical and scientific investigations and examinations by experts, for which purpose all public buildings are to be open for their examination.

The State Board is to prepare the requisite legislation for the thorough organization of a registration of vital statistics throughout the State, and to preserve them for public use, to make annual reports, and to hold quarterly meetings. The appropriations for expenses are limited by this act to eight thousand dollars, to be paid only on proper official vouchers. The machinery to be set in operation is, therefore, simple and inexpensive, and it must, of course, depend for its successful working upon the character of the men appointed, in case the proposed act becomes a law, to carry out its pro-

visions. Sanitary science now enters largely into the training of medical schools, and it can best be practically applied by the doctors, whose business is to fight the ignorance or indifference of public and private authorities. The profession ought to lend their voice to secure the passage of a law which will give them power to prevent disease.

It is a pleasure to add that they are doing so.

The following resolutions were adopted unanimously by the Philadelphia County Medical Society, and a committee, consisting of Drs. Wm. B. Atkinson, M. O'Hara, and L. Turnbull, was appointed to confer with the County Societies of the State, and ask their coöperation:—

Whereas, The State of Pennsylvania has never taken cognizance of public hygiene, or preventive medicine, nor has ever had any registration of the births, marriages and deaths occurring in the State; and

Whereas, Other States have inaugurated such measures for the investigation of epidemics, and the effects of disease upon the health, happiness, and prosperity of their people; and

Whereas, The numerous epidemics which have recently occurred in our midst, devastating our population, prove to us the urgent necessity of our State taking action in this matter; therefore, be it

Resolved, That this Society does most earnestly urge upon the members of our State Legislature to take measures for the passage of an Act creating a State Board of Health.

This is a hearty and earnest endorsement of a most excellent project. But to render the bill effective, everything depends on the selection of an efficient Board, especially a chairman and secretary. Too prominent men are not the ones to select, because they are too busy; and, beyond all things, let political favoritism be avoided, the curse, as it is, of this State. No green hand at State medicine should be chosen, but one who knows the theory of statistics already. Nothing is easier than to ride hobbies in such matters.

Whether the Bill when passed will be really beneficial to the State, depends on those entrusted to carry out its provisions.

NOTES AND COMMENTS.

Therapeutical Notes.

STYRAX IN ITCH.

In the Catharine Hospital, in Stuttgárd, they treat scabies with the following ointment:—

R. Styracis,	3j.
Olei olivæ.	
Spir. vin. com.	aa 3j. M

The patient, if an old case, is first washed thoroughly with soft soap, having it well rubbed in, nine to twelve times in three days, and then anointed with the above one to three times in one day. In recent cases the soft soap treatment is not required. In 1659 cases thus treated in three years, every one was cured, and although no precautions were taken to destroy the insects on their clothing, not one relapse occurred.

TRAUMATIC TETANUS.

Dr. Panthel, of Ems, reports a case of a lad, seventeen years old, attacked with traumatic tetanus, and cured by administration of scruple doses of chloral every two hours, alternated with equal doses of bromide of potash every two hours, till sleep was produced. Reported in the *Deutsche Klinik*, No. 3, 1874.

SYPHILITIC ULCERS.

For soft syphilitic ulcers and similar skin affections, Dr. Gamberini finds iodoform, two drachms, to glycerine, one ounce, a most excellent application.

TREATMENT OF MAD DOG BITES.

The editor of the Berlin *Medicinische Central Zeitung* recommends that whenever a person is bitten by a dog suspected to be mad, the wound be at once thoroughly cauterized with a strong solution of carbolic acid in alcohol, concentrated muriatic acid, or caustic potash. And he recommends that some such preparation be placed in the hands of farmers and others, with proper directions when and how to use it.

New Treatment of Cancer.

Another treatment of cancer has been brought out by Dr. Hasse, of Berlin. An account of it is given in the *Medicinische Central Zeitung*, February 18. Dr. Hasse injects, with a hypodermic syringe, pure alcohol, to which one per cent. of ether is added, not into the new growth, but around its edges, thus obliterating, he claims, the vessels, especially lymphatics, which convey the infection, and causing the atrophy of the

growth itself. The pain is rather severe, but is much reduced by ice bags, and lasts only about two hours. The injections are repeated every eight to fourteen days, and have no alarming reactions. He claims striking success in carcinoma of the mamma, and in cauliflower excrescence of the uterus, but has failed in epithelioma of the lip, which he attributes to the impossibility of obliterating by this means the large and closely adjacent coronary artery.

On Nervous Pharyngitis.

This is what is popularly known as "clergyman's sore throat." It is not an imaginary, but a real disease, and is not confined to clergymen, but is nevertheless a disease of the higher classes, the more delicately organized frames, and hence especially of citizens and females. Dr. Hermann Klemm, of Leipzig, has made an admirable study of it in the *Deutsche Klinik*, No. 6, 1874. After a masterly portraiture of its symptoms, and a recognition that it often really exists where none or very few and trifling local signs are manifest, he passes to the treatment. Here he discountenances decidedly all caustic applications and counter-irritants, and recommends penciling with chloroform and glycerine mixture, or morphia in gum arabic solution. Electricity occasionally works well, but is not permanent in results. Best of all is change of air, either to the sea, or to a sub-Alpine resort (two thousand to three thousand feet above sea level, as Heiden, Gais, Weissbad or Seewis, in Switzerland). The only advantage of mineral waters in this complaint, he thinks, rests in this change of air.

Other Medical Epitaphs.

The *American Biblioplist*, quite apropos of a recent editorial in this journal, gives us the epitaph of Lionel Lockyer, a celebrated leech in the days of Charles II.

"His virtues and his pills are so well known
That envy can't confine them under stone;
But they'll survive his dust, and not expire
Till all things else, at th' universal fire."

The pills certainly had something more of immortality than many poets' lays, for they were still to be had, a century afterwards, at Mr. Nicoll the bookseller's shop, in St. Paul's Churchyard, and they may probably yet be "kept in stock" somewhere in that locality.

It also quotes an epigram on the celebrated Berkeley, Bishop of Cloyne, now best remem-

bered for the line "Westward the Star of Empire takes its way," one of whose fancies was to heal all disease with tar water:—

"Who dare deride what pious Cloyne has done?
The Church shall rise and vindicate her son;
She tells us all her Bishops shepherds are,
And shepherds heal their rotten sheep with tar."

A correspondent from Syracuse, New York, sends us the following, which he says is over the grave of a physician in that locality. It must have been written by some patient whom he had overcharged:—

"Altho' he is dead, he will soon be forgot,
His friends and relations remember him not;
Their sighs and their tears they will soon wipe away,
Oh! it's here he lies a mouldering and a turning
to clay!"

A Correction.

The article entitled, "Small-pox and Vaccination; Experiences in the Franco-Prussian War," published in the *Reporter*, March 28th, was, by a mistake of ours, credited to Dr. Martin Luther. Its author was Dr. S. C. Ermentrout, of Reading, who served during the whole of the war in the Prussian army, and has since been awarded for his services the gold cross of the Order of the Crown and the "Dienst" medal. The paper was read before the Pathological Society of Berks county, and forwarded to us by Dr. Martin Luther, of the Committee on Publication, who has advised us of the error we made in attributing it to him.

Winter Climates in Consumption.

The views of Dr. Biefel on this fruitful topic are given in the *Medicinische Central Zeitung*. He divides winter climates into, 1. the warm, moist and sedative, such as Madeira, Pau, Venice, Pisa, Corsica, and we may add Florida and the Bahamas; 2. warm, dry, and exciting, as Cairo, Palermo, and the Riviera; 3. indifferent or medium, with a short mild winter, as on the Swiss Lakes, Aikin South Carolina, etc.; and 4. dry, cool climates, as in Alpine and sub-Alpine regions, the Colorado plains, etc.

Active advancing tuberculosis, he says, benefit only in sedative, moist, warm climates; chronic and stationary cases should seek the dry, cool, exciting atmosphere. Careful discrimination must be made. Good food, lodging and attendance are indispensable anywhere. Many patients do better to stay at home, in their rooms, but a patient should always have two rooms, the

one of which should be always open and airing while the other is occupied.

How to Check Coughs.

Dr. Brown-Sequard, in his late Boston Lectures, says that there are many facts which show that morbid phenomena of respiration can always be stopped by the influence of arrest. Coughing, for instance, can be stopped by pressing on the nerves of the lip in the neighborhood of the nose. A pressure there may prevent a cough when it is beginning. Sneezing may be stopped by the same mechanism. Pressing in the neighborhood of the ear, right in front of the ear, may stop coughing. It is also preventive of hiccup, but much less so than of sneezing or coughing. Pressing very hard on the top of the mouth inside is also a means of stopping coughing. And, he adds, that the will has immense power there. There was a French nurse who used to say, "The first patient who coughs here will be deprived of his food to-day." It was exceedingly rare that a patient coughed then.

The Champion Chloroform Tippler.

Dr. W. W. Parker related, at the last meeting of the Virginia State Medical Society, the case of a man named Johnson, a blacksmith, who became addicted to chloroform tippling. How much in quantity he swallowed is not stated, but he bought and drank three thousand dollars' worth in three years! His mind then became affected and he imagined himself tricked. Meanwhile he fattened fifty pounds, and on ceasing the habit lived fifteen years in good health, and died from natural causes.

Improved Dietetics.

Mr. J. S. Blackie, Professor of Greek in the University of Edinburgh, has written a work for students, on self-culture, diet as well as digging, and on the former topic says:—

"With regard to the details of this matter, you must consult the doctor; but I believe it is universally agreed that the plainest food is often the best; and for the highest cerebral and sanguineous purposes, long experience has proved that there is nothing better than oatmeal and good pottage. For, as the poet says—

'Burdly chieils and clever hizzies
Are bred in sic a way as this is.'"

This is old style doctrine; good, rich food, and plenty of it, a little more than you really

want, is what the enlightened dietitian will recommend to the growing lad and ardent brain-worker.

External Treatment of Varicose Veins.

If Dr. Linon, of Verviers, is right in his reports of his treatment of varicose veins, many who suffer from them will thank him for his discovery, as it saves them the pain and danger of an operation. He says, in the *Tribune Medicale*, that he has for years treated such cases with success by swathing the leg in a flannel compress wet with a solution of chloride of iron in water, forty-five grains to the ounce, and then applying a roller flannel bandage over it firmly for twenty-four hours. This is to be repeated daily for a week or two weeks, when the patient is, or ought to be, well.

Ergotin Injections in Prolapsus Ani.

The eminent surgeon, Von Langenbeck, of Berlin, announces that he has lately been treating prolapsus ani "with astonishing success" by hypodermic injections of a solution of ergotin (five to fifteen parts to one hundred of distilled water). He replaces the bowel, and inserting the point of the syringe about three centimetres in depth in the cellular tissue, throws in from one to two grains of ergotin. This should be repeated every three or four days for three or four weeks, any hard fecal masses in the bowels being first removed by a simple injection. As a means of treating a most obstinate and troublesome complaint, this method, sanctioned by so eminent a name, deserves careful repetition.

Whooping Cough.

Dr. Stephens, of Ilminster, gives his experience with various remedies in this disease, in the *British Medical Journal*, as follows:—

I must give the preference, in an ordinary case, to small doses of compound tincture of benzoin, frequently repeated. If the cough be more than usually spasmodic, I find dilute hydrocyanic acid, combined with bromide of potassium and camphor mixture, very serviceable; in the latter stage of the disease I much prefer alum, combined with dilute nitric acid and gentian, to any other astringent tonic; although in all cases everything depends upon the diathesis of the patient. I was greatly disappointed in the use of chloral hydrate, as in one case only could I detect the slightest benefit.

To Check Vomiting from Cough.

Consumptives and others suffering from paroxysms of cough frequently vomit their food in such paroxysms. Dr. Woillié recommends swabbing the pharynx before eating with a concentrated solution of bromide of potash.

R. Pot brom. 3ij
Aque destil., 3iv.

warning the patient not to cough for a few minutes after the application. The same treatment is recommended for the vomiting of pregnancy. It is said to be very successful.

CORRESPONDENCE.

Jews and Christians.

ED. MED. AND SURG. REPORTER:—

Do Jews ever have the consumption? I was thus interrogated by a Hebrew friend of mine, while in a conversation with him upon the peculiar diseases of different nations. Upon reflection I could not bring to my memory a single case that simulated phthisis in any of its symptoms. Only one Jew ever applied to me for advice who labored under the impression that he had it. And he proved to be a mere hypochondriac. His case yielded readily to an alterative course of pill hydrarg., tinct. nucis vomice and ferri citras. It was nothing but hepatic torpor. Although I had been so fortunate as to gain extensive practice and popularity amongst them for many consecutive years, I had never thought of their remarkable national exemption from disease in this respect. After much thought, and mature deliberate investigation, I have come to the conclusion that they enjoy a wonderful national immunity from, not only phthisis, but all disease of the thoracic viscera. It may be said by some, it is a temperate Louisiana climate protects them. It is not that, for amongst all other Europeans, Africans and Americans, phthisis, pneumonia, and all diseases of the air passages are as prevalent, or nearly so, as in the North. Those from a Northern climate are benefited only when the disease is in its incipency, and when further advanced but seemingly relieved for a short time, and often at once prostrated. They might get as much relief by any other change further North or West. It is simply change that gives relief, and that only temporary.

The Israelite is not subjected to all the trouble and expense necessary to consumptive Christians to enable him to obtain a brief extension of a miserable existence by visiting far distant countries of diverse and different climates, to obtain only partial and present relief. His constitution has become so hardened and fortified against disease by centuries of national calamities, by the dietetics, regimen and sanitas of his religion, continuing for consecutive years of so many ages, that he can look on, with

only the common sentiments of humanity, as an unconcerned sympathizer, without any fear of the insidious approach of one of the most common diseases of all other nations, the most unrelenting in its course and fatal in its results.

With the view of as thorough an examination of this subject as lay within my reach, I have not confined myself to the limited range of inquiries of personal acquaintances, but opened a correspondence with some of the most learned and distinguished Jews of the United States. From all quarters comes the same reply; *not that Jews never have consumption*, but that "the disease is very rare among them."

Rev. Dr. Isaac M. Wise, Editor of the *Israelite*, Cincinnati, O., a profound scholar, acute and extended observer, very politely replied to my note of inquiry, that "the cases are rare among them," and then advances this hypothesis in explanation, "Because they drink not to excess and few fathers are sick of" * * * This is undoubtedly an erroneous and fallacious view of the subject. The organic structural lesions caused by alcohol are Bright's disease of the kidney, and hob-nail liver: never tubercular deposit and development. In fact, a very respectable portion of the profession holds that it postpones a fatal result, and is a very good palliative in Consumption.

And syphilis is a specific disease, *sui generis*, a contagious poison or virus, that transmits itself by contact, and from parents to children, reproducing with invariable exactness the same type of disease: not mixing up with or causing any other disease, especially Consumption. These diseases are not of the same kindred, and have not the remotest pathological analogy whatever.

Their comparative exemption from this disease may afford some explanation to the table of vital statistics published in your "Half Yearly Compendium," of January, 1874, showing the relative longevity of Jews and Christians. This table is made up from observations in the great centres of civilization, Germany and France, and analogous results from like statistical observations in London have been obtained.

This table reveals the following astonishing fact: In the first five years of life, of one hundred children of Jews twelve die. Of one hundred children of Christians, twenty-four die. Among one hundred Christians thirty-eight attain to fifty years, and fifty-four among Jews. Thirteen Christians attain to seventy years, while twenty-seven Jews attain the same age. One quarter of Christians attain only six years and eleven months. One quarter of all Jews, twenty-eight years and three months.

Dr. Neufville explains these differences by the following circumstances: "There are no proletarians among the Jews, while one-tenth of the Christians live on public charity." Most Jews are in commerce or letters, very few are laborers.

There is force in the first explanation. But it shows also the superior excellence of Jewish regulations, and moral structure of society, that takes religious care of its own, and leaves none

for charity. The last explanation is answered and refuted in the above tables. "Among one hundred commercials, the one-half of the Christians succumb before fifty-seven years; one-half of Jews before sixty-seven, only."

Why this greater relative longevity, this immunity from disease and tenacity of life among Jews? This singular preëminence in health over Christians? Is it their rigid adherence to articles of faith, and hygienic, sanitary, and dietetic regulations of their religion? Or a miraculous dispensation of God to his chosen, and this very peculiar people?

This subject is well worthy deep research and calm reflection, careful philosophic investigation and inquiry, by the profession, to ascertain the cause, if possible, of this peculiar and wonderful immunity and unsusceptibility to disease of the most common and fatal character in all civilized countries. Its solution may be of incalculable benefit to the human race, by introducing Jewish dietetics and regimen into consumptive families, and thus regenerate and rejuvenate them, thereby giving vigor, health, and happiness, where are naught but disease, misery and death.

If national vigor, superior physical vitality, and tenacity of life are thus developed by religious customs, religious training and practice, it affords explanation of the "high average physique of the Jew, which is not less remarkable than the high average of his intellectual gifts."

When we look over their marvelous history; their many hundred years of the most servile bondage and abject slavery in Egypt; their struggle in the wilderness; their Babylonish captivity, slavery, and Persian tribute; their centuries of Roman subjugation, grinding oppression, and final destruction of their sacred city, and their dispersion amongst all other peoples, and lastly, their persecution and thralldom by Christian nations for eighteen hundred years; we are amazed that this long catalogue of national calamities has not crushed out every vestige of nationality, the last spark of their religion, their intellectual culture, moral rectitude, manly impulse and aspiration, and reduced the physical man to hopeless degeneracy, open to the assaults of every form of disease, and subject to all the "ills that life is heir to."

Not so. How different the result? After only about fifty years of political, social, mental, and religious emancipation, they have achieved an enviable prominence in science, literature, finance, political distinction, and governmental position, in all civilized countries. Thus proving themselves of the purest, finest, and most perfect type of the Caucasian race. With a more perfect physical organization than any other people; fortified against, unsusceptible, and almost invulnerable to the most fatal disease, and I might say to a certain extent all disease, the Jew has come out of the *Wilderness*, like a pure diamond, untarnished by age, unscathed by wear, undimmed by time, presenting a problem for the study of the moralist, philosopher and scientist, and a

special lesson to the physician, of the grand results of wise and long continued dietetic regimen, especially the rigid abstinence from hog meat, with its measles, trichina, cholera, and many other disgusting diseases. Thus developing and consolidating a physical structure and constitution capable of resisting tubercular deposit in the lungs, and eliminating to some extent the poison of almost any disease.

MADISON MARSH, M. D.

Port Hudson, La, March 1, 1874.

On Blood Remedies, and Their Use With the Hot Springs (Ark.) Water.

ED. MED. AND SURG. REPORTER:—

Inquiries are frequently made of us, by the profession abroad, if medicines are required with the natural earth-heated waters of this place, in the treatment of constitutional or chronic blood diseases? Or do the waters alone cure certain diseases? If blood remedies are required? What do you consider the best blood remedies? Consequently we have resolved to answer some of these questions through the medium of your journal.

In the first place, to be fully understood, we should ask what are blood remedies? In reply to this interrogation, we will state that all medicines that act promptly, or directly, upon the general secretory system, as alteratives, should be considered and called blood remedies. Those agents of the *materia medica* that arouse the excretories of the skin, the emulgent offices of the kidneys, awaken the lymphatic system, enliven the follicular mucous surface, stimulate the hemic glands (all the blood making organs), increase the metamorphosis of waste and repair of the economy, all secretants, belong to this class. All entrophics are also blood remedies. Therapeutics of this class are numerous, and they merit division and proper classification. Such preparations afford too wide a range to particularize here the advantages of each agent, but we will generalize the remedies used in the several diseases noted with the adjunct waters. Chronic diseases require peculiar treatment. The physician must have experience in the management of acute ills before he can fully comprehend the altered phases of chronic disorders. To be successful it requires the advantages of the daily clinic, and a knowledge of sthenic and asthenic forms of disease. In the treatment of what is termed constitutional diseases, it has been our practice, for a number of years, to rely mostly on the nicely prepared vegetable fluid extracts. They are made specially, evaporated in vacuo, with great care, and reduced by concentration to officinal, double and triple strength. The great importance of vegetable extracts has long been fully tested, and we feel that they are not over-estimated in therapy.

SYPHILIS.

In the treatment of this disease the remedies we employ, and most highly value, are the fol-

lowing preparations. We arrange the same alphabetically, viz:—

Fluid Ext.	Aralia Nudicaulis (Waynes').	
do	Arctium Lappa	do
do	Asclepias Incarnata	do
do	Asclepias Syriaca	do
do	Chimaphila Umbellata	do
do	Cistus Canadensis	do
do	Corydalis Formosa	do
do	Dulcamara	do
do	Iris Versicolor	do
do	Phytolacca Decandra	do
do	Podophyllum Peltatum	do
do	Rumex Crispus	do
do	Sanguinaria Canadensis	do
do	Sassafras Laurus Rubra	do
do	Stillingia Sylvatica	do
do	Veronica	do
do	Xanthoxylum Rad. et Bacca	do

The fluid extracts are usually mixed with concentrated syrup of guaiacum, syrup of burdock, syrup of stillingia, syrup of dulcamara, syrup of sassafras, or some other agreeable or desirable vehicle for use, with the iodides of iron, and such other iodides and agents as are indicated in the treatment of the cachectic, anæmic, and spanæmic state of the systems found in syphilis, mercurio syphilis, syphilitic gout, syphilitic rheumatism, and in all mercurial diseases. In the treatment of syphilis we never give corrosive sublimate by the mouth or hypodermically, rarely ever use mercurial fumigations. Never disgust the afflicted by the so-called "smear cure" (the use of mercurial ointment inunctions), or any other such obsolete efforts. If mercurials are absolutely demanded, we prefer the soluble iodides, administered internally and subcutaneously, where prompt agency is required in rapid conditions. We never outrage humanity by practicing the heinous crime of "syphilization." The host of visitors who annually flock hither are usually chronic patients. They come here for repair and cure, as a dernier resort. Unfortunately they have generally been greatly drugged, too long medicated, and they often present conditions of neglect or abuse from their empirical doses. They come here emaciated, defibrinated, dealbuminated, decapuscullated, and the system broken down by the use and abuse of mercurials and iodide of potassium! In all such spanæmic cases we aim at once to build up and support the system, arouse nutrition and assimilation, and we rely chiefly on hydro-therapy to aid us. Tobacco, alcoholic and vinous drinks, opiates, hydrate of chloral, chloroform, all nervines and narcotics are eschewed, strictly prohibited in all patients under treatment where an eliminative agency is desired. Syphilis cannot be cured, we assert it as an aphorism, if persons who are addicted to such bad habits are allowed to indulge the same during treatment.

We do not hesitate to state that syphilis can be radically cured under judicious management, but that it is worse than folly for the afflicted to come here for treatment, expect us to cleanse the blood, depurate the system, eliminate vene-

real plastic degeneracy, if we have to antagonize depraved and reckless habits of life.

SCROFULA.

In this kindred malady the waters are used as adjuncts only to our blood remedies. Mercurials are never used by us in the treatment of scrofulosis. We address our agents to the nutritive forces and to the lymphatic system. Employ mostly the vegetable alterative extracts, with iodide of iron and manganese. The preparations used in the treatment of scrofula are the following, viz:—

Fluid Ext.	Aralia Nudicaulis,
do	Arctium Lappa,
do	Asclepias Syriaca,
do	Chimaphila Umbellata,
do	Corydalis Formosa,
do	Rumex Crispus,
do	Stillingia Sylvatica,
do	Veronica.

These concentrated extracts are mixed with some pleasant alterative syrup, and given after each meal. The waters are employed according to requirements, used as a daily bath, and drank at stated periods throughout the day.

MERCURIO-SYPHILIS AND MERCURIAL DISEASES.

At this place we have much to contend with in the management of mercurial ills. Mercurio-syphilis and hydrargyriasis are formidable types of disease. Those who are afflicted with the "disease of the remedy" (mercury), are generally great sufferers! Meteorological conditions readily impress the system; almost every change is signaled by suffering, especially whenever the atmospheric pressure is lessened.

It requires, oftentimes, a nice discriminating sense to detect mercurial abuses. The buccal, labial, cervical and humeral glands, in such cases, give distinctive features. The breath, also, has a marked fetor, and the surface of the body lacks that peculiar odor (what we have termed "aura syphilitica") which can, by the educated, usually be detected in the impoverished state of the system, in old cases of true syphilis.

It is marvelous to witness how speedily re-salivation, as we term it, will often result after the use of the waters; we have known it to occur after two or three baths, and the internal use of the waters for a few days. Re-salivation is a peculiar circumstance and condition. Glositis and ulceration of buccal surface is rarely very disturbing, and the affection readily yields to treatment. We contend that this agency plainly manifests the potent action of the waters, where we find, after a lapse of time, that the mineral poison had remained so long comparatively latent, or dormant, that it can be again aroused into specific activity.

Our treatment, blended with hydro therapy (in all forms of mercurial diseases), are the internal administration of the iodide salts, believing in their chemical affinity for the disturbing poison, together with the use of preparations of iron, given with extract of burdock and syrup of guaiacum. We support the system with good

nutritive food (albumen and fibrin articles of diet), in this type of toxic ills. *Stillingia*, yellow dock and *aralia*, are valuable medicines in the treatment of mercurial diseases.

ARSENICAL POISONING.

This is a condition occasionally met with here. It is an occurrence sometimes the result of accident, but usually, as we can sometimes trace, to a want of circumspection on the part of practitioners in prescribing the preparations of arsenic. The arsenical preparations, unfortunately, are given in toxic instead of therapeutic doses, and, without due vigilance, are persistently too long employed! "*Paralysis arsenicalis*," hyperæsthesia *arsenicalis*, (an altered state of innervation involving the distal distribution of the nerves of the extremities), are the forms, together with gastric ills, that we usually have to contend with at the Springs. The patients mostly present a pitiful condition, a degree of helplessness, of physical inaction, but intense suffering from palmar, digital and plantar hyperæsthesia, at every effort to move. The sufferer is truly wretched under the toxic agency of this chemical. Practitioners should ever be guarded in the protracted use of arsenious compounds.

We treat these cases in conjunction with the waters, for their diluent and solvent powers, with the iodides of iron, iodide of magnesia, with vegetable tonics, given for the neutralizing, antidotal properties, and support of the patient. Topically, to the soles of the feet, the palms of the hands, and to the fingers, we direct the application of the solutions of "carbulated glycerin," to allay the morbidly sensitive condition of these surfaces.

CUTANEOUS DISEASES

Are, generally, all of a chronic nature that present here for treatment. They are met by remedies suited to the pathological wants. Those of parasitic origin are treated with the most reliable parasitocides. Patients afflicted with a "dartrous diathesis" or suffering from altered forces of innervation, alkaline impressions are desirable, and the altered electrical phases of the economy are carefully regarded. The maceration of the surface and the internal use of the waters are important agents in the treatment of all skin diseases. "Cleanliness is next to godliness," is regarded as a truism in the cure of cutaneous ills.

RHEUMATISM.

This disease, in its multiform nature, affords us a wide field for skirmishing. We attack the enemy whenever found, in all its varied types. We treat it pathologically with suitable therapeutics and free use of the waters, according to the cause of the disease and its requirements. We defibrinate the system in muscular forms. Neutralize acids with volatile soluble alkalies, and alkaline earths, in lithic, lactic and butyric forms of rheumatism. Iodides, with quinine and fluid extract of *corydalis formosa*, in malarial rheumatism. Iron preparations are oftentimes

called for in conjunction with quinine in the latter type. It is essential where splenic complications exist. Iodide of potassium, iodide of soda, iodide of ammonia, iodide of magnesia (a recent remedy prepared for us by Prof. E. S. Wayne, of Cincinnati, O.), iodide of iron, with fluid extracts of burdock, veronica, *asclepias syriaca*, *phytolacca decandra*, mixed with syrup of *guaiacum*, are the therapeutic agents relied upon in conjunction with the solvent and dilute thermal waters, in syphilitic and in mercurial rheumatism.

In gonorrhœal rheumatism alkaline diuretics largely diluted with hot water, and the daily use (so long as it is allowable) of the hot baths, is the plan of treatment in this anomalous disease. Acetate of potassa, with fluid extract of colchicum root and fluid extract of *phytolacca decandra*, with the syrup of *chimaphila umbellata*, is a favorite prescription in this disease. Gouty rheumatism is a hybrid monster! It is quite unmanageable at times, and sometimes provokes great suffering, especially when the joints are involved by effusion. This disease has been advantageously treated by hydro-therapy. The sub-acute and chronic types are the most persistent. When the joints are involved we employ topical treatment, use compound iodide lotions applied two or three times a day, as a deobstruant and local stimulant, and carefully encase the joints with rubber cloth and carded cotton to promote absorption. When gouty rheumatism manifests specific complications, where we find a syphilitic foundation for this complex disturbance, we have to contend with a trimeter of ills that is difficult to control. We would suggest in such cases the same management as we recommend in specific gout, i.e., give iodide of magnesia with iodide of ammonia every three hours, with free catharsis aroused by the daily dose of Husband's magnesia with six drops of fluid extract of colchicum root.

GOUT.

Natural thermal fountains, from the earliest history, have been places of resort for gouty subjects. To control the diathesis and to free the system of the "*materies morbi*" that provokes this painful malady, the solvent and diluent waters, with the volatile alkalies, carbonates of the alkalies and alkaline earths, are surely among the best known agents for the treatment of gout. The daily hot bath, with alkaline additions made to it, facilitates the treatment, or aids with more celerity to control the evils of gout.

NEURALGIA.

"When nature is crying aloud for better blood," (as we find in chronic invalids who resort hither for relief in functional neuralgia), it is remarkable how such forms of disease respond to treatment. In malarial types, and where anemia is the cause, the disease is very amenable when the blood tissue is acted on, built up by ferruginous preparations, and stimulated by the judicious use of the waters.

UTERINE DISEASES.

The waters alone are almost exclusively relied upon in the management of uterine functional disturbances. The stimulating diaphoretic action and revulsive agency of the hot baths are regarded generally, as alone sufficient for treatment. In anæmic conditions of the system, in amenorrhœa and dysmenorrhœa, remedies are given to aid the forces of nature. In cases of flexion, version, and prolapse of the uterus, our first efforts are to restore the organ to proper position and carefully support it in place previous to treatment by the waters.

GEORGE W. LAWRENCE, M. D.

Hot Springs, Ark.

NEWS AND MISCELLANY.

Temperance and the Doctors.

Dr. Wm. A. Hammond, of New York, was interviewed by a reporter of one of the dailies, and is said to have expressed himself heretically on the temperance question. He remarked, "A laboring man finds that with hard work and such food as he can afford he is losing, say an ounce in weight daily. If he could work fewer hours he could stop this loss. But he must work so many hours daily. He takes a mug of porter after dinner at noon, and finds that after his work he is less fatigued and has gained, or at any rate not lost, in weight. The alcohol has enabled him to expend the usual force with less waste and less weariness."

Dr. Edward Curtis was reported to have expressed pretty much the same opinion; but, perhaps alarmed at possible consequences, he writes to the *Tribune* as follows: "You refer to me as saying that alcohol 'gives actual strength and serves for the repair of wasted tissue.' The latter statement I have nowhere made, for there is no evidence that alcohol furnishes building material, and the probabilities are that it does not."

Condition of Bellevue Hospital.

The sanitary condition of this New York institution has recently excited grave apprehensions. A special committee appointed by the State Charities Aid Association reports very decidedly against the fitness of the building for a hospital. It says: "Bellevue Hospital itself has been virtually condemned as unfit for the treatment of surgical cases by those whose business it is to care for such cases; the hurtful and often fatal influences of hospital poison have forced themselves upon general recognition, and the only structure originally intended to meet this grave emergency has itself become practically useless from the same cause." The result of this is that in amputation cases 48 out of 100 die, "and almost one-half of these deaths are caused by hospital poisons."

This report is backed by such names as Drs.

Elisha Harris, C. R. Agnew, Wm. H. Van Buren, Willard Parker, and others. The internal administration of the hospital is further said to be not much better than its architectural fitness for its purpose.

A Centenarian.

An undoubted centenarian died in this city, April 1, in the person of Mrs. Margaret P. Schlosser. She was born in Philadelphia, September 21st, 1774, and married Jacob H. Schlosser, a soldier of the Revolutionary war. She resided in Bustleton for a number of years, and was highly esteemed by a large circle of acquaintances, who took great pleasure in hearing her graphic descriptions of life and the fashions which prevailed nearly one hundred years ago. She preserved her full faculties up to within a few days of her death, with the exception of her eyesight, which she lost several months ago.

Death of Dr. Alfred Hitchcock.

Dr. Alfred Hitchcock, the oldest physician in Fitchburg, Mass., died March 30th, of angina pectoris, with which he was attacked a few days before. Dr. Hitchcock was one of the committee present at the autopsy of Charles Sumner, and it is a singular coincidence that, but little more than two weeks later, he should have died of the same disease. Dr. Hitchcock had figured quite extensively in State politics, having been a member of both branches of the Legislature, and for several years was one of the Governor's council.

Female Medical Graduates.

Fourteen young women received diplomas from the New York Free Medical College for Women, on April 2d. The usual commencement exercises were held in Steinway Hall.

Five female doctors graduated at the Women's Medical College of the New York Infirmary on the 2d inst.

Women Practitioners in London.

Mrs. Anderson, a regular female registered practitioner, and the only one in London, applied for admission to the Obstetrical Society of London. After a full debate her application was refused, on the technical ground that the by-laws of the Society do not provide for the nomination of women. It will take long for the barriers to be broken away, *e pur se muove*.

Prof. Carl Rokitsansky.

This eminent anatomist lately retired from active service on a pension. He was born in 1804, and married a very talented cantatrice, Marie Weiss. She left the stage after marriage. Of his four sons now living, two are promising physicians, and two professional singers in the Vienna Opera, having inherited their mother's rare gift of voice.

Election at the Jefferson Medical College.

The trustees of this institution met April 7th to fill the Professorship of Anatomy rendered vacant by the resignation of Dr. Joseph Pancoast. After a number of ballots Dr. Wm. H. Pancoast, son of the former incumbent, was elected.

Personal.

—Dr. John Swinburne, of Albany, is to receive \$90,000 from the legislature of New York, for expenses incurred while health officer of the port of New York, outside of appropriations.

—Dr. Giles M. Boardman, a well known physician and chemist, died suddenly at the Commercial Hotel, New York, March 30. He was seventy-three years of age, and a native of Middletown, Conn.

—McComb City, Miss., is the latest health resort. It is elevated, dry, well drained, surrounded with "balsamic pine woods," and ice made there only twice this last winter.

—The Illinois Legislature proposes to give Boards of Health, in cities, jurisdiction in relation to nuisances for a distance of five miles beyond city limits.

—The Illinois House of Representatives has concurred in a bill which had passed the Senate, prohibiting the licensing of houses of ill-fame.

QUERIES AND REPLIES.

Bromide of Sodium.

MR. EDITOR.—If any of your correspondents have been using the bromide of sodium extensively in their practice I would be glad to have them publish the results. Having seen but little reference to it in the journals, I fancy the remedy is not in very general use, and, perhaps, not properly appreciated.

I have been giving it considerably of late in cases where formerly I would have prescribed the bromide of ammonium or potassium, and have been better pleased with the results obtained.

In a recent case of acute mania, a combination of the bromide of sodium, with hydrate of chloral, gave sound and quiet sleep. The chloral alone, given previously, was much less effective in its operation.

Wisconsin.

J. T. REEVE, M. D.

Earliest Viability.

The following query and reply appears in a late issue of the *London Medical Times and Gazette*:—

B. asks—"What is the earliest date of pregnancy at which a child has been known to be born and live; and what is the least weight of such a viable child?" If "B." refers to vol. I of the *Culcutta Medical Transactions*, 1825, he will find an account by Mr. Baber, of Buxar, of a child born at six months and a half, which at the age of fifty days weighed exactly one pound thirteen ounces, and was fourteen inches long. The longest circumference of the head was ten inches; the shortest, nine inches and one-tenth. The child sucked freely.

German Prescriptions.

MR. EDITOR:—Will you please explain the method of writing prescriptions adopted by German writers.

NEOPHYTE.

Reply.—The Germans use the decimal system, the quantity of every article being given in parts by weight, and in no case by measure of capacity. The metrical system of weights and measures is adopted by law. A prescription before us, used in psoriasis, reads: "Acid carbolic, 20.0; kali caustic, 10.0; aq., 50.0." This is the proportion, and one, ten, or more grammes of it may be ordered.

Penn Medical College.

MR. EDITOR:—Was there ever an institution called the Penn Medical College in Philadelphia, and what was its standing?

SUBEX.

Reply.—There was such an institution, and it had no standing at all; was never recognized by the regular profession.

Dr. F. F. S., of Penna.—About the Splint, see REPORTER, current vol., p. 315.

Dr. J. M. S., of Penna.—Dr. Dutcher's Communication was not published in book form; nor was the one of Dr. Agnew to which you refer.

Dr. G. K. P., of Va.—We can buy you a select Medical Library, of about 100 volumes, all recent works, for about 20 per cent. below the regular published rates.

OBITUARY.

DR. F. LÖFFLER.

Dr. Löffler, Surgeon-General of the Prussian Army, and a copious writer on Gun-shot Wounds and the Prussian Military Service, died Feb. 23d, at Berlin. His work on the *Campaign against Denmark* in 1864, published in 1867, contains many observations of much interest, and has been frequently referred to in the recent Surgical History of the Rebellion. Unfortunately, Dr. Löffler had been so constantly employed in the active duties of his profession, since the publication mentioned, that he had been unable to complete it as he intended.

Dr. Löffler, at the time of his death, had just attained his fifty-ninth year. Early in January last he had an attack of perityphilitis, but made so favorable a recovery that he was considered to be convalescent. A few days before his decease he was attacked with pericarditis. His death occurred suddenly, after slight exertion.

MARRIAGES.

HORNER-SHERMAN.—On the 24th ult., at the residence of R. W. Laird, Esq., Wellington street, Toronto, Canada, by the Rev. Dr. Castle, Dr. Frederick Horner, Jr., U. S. N., and Maria Elizabeth, daughter of the late John Sherman, Esq., Ross, Herefordshire, England.

DEATHS.

GALBRAITH.—On March 23d, at Columbus, Ohio, Margaret Alice Galbraith, daughter of Dr. W. Galbraith, aged 16 years, 3 months and 20 days.